

HEALTH CHECK BILLING WORKSHEET

Date of Service _____

Patient's Name	Next Screening Date (optional)
Medicaid ID number	Date of Birth

Health Check Diagnosis Code		
Periodic Health Check Screening	Periodic Health Check Screening V20.2	
Interperiodic Health Check Screening	Interperiodic Health Check Screening V70.3	

Health Check Screening Code			
Description	Preventive Medicine Codes	Diagnosis Code	✓
Regular Periodic Screening - Birth through 20 years	99381-9985; 99391-99395 With EP Modifier	V20.2	
Vision Assessment based on age	Vision Assessment CPT Code 99173		
Hearing Assessment based on age	Hearing Assessment CPT Code 92551		
Interperiodic Screening - Birth through 20 years	99381-9985; 99391-99395 With EP Modifier	V70.3	

Second Diagnosis _____ (if applicable)		
Description	Indicator	✓
Follow-up with screening provider or another provider	R	

Third Diagnosis _____ (if applicable)		
Description	Indicator	✓
Follow-up with screening provider or another provider	R	

Fourth Diagnosis _____ (if applicable)		
Description	Indicator	✓
Follow-up with screening provider or another provider	R	

Description	CPT Codes	Unit	
Immunization Administration Fee	90471 EP Modifier	One immunization	
Additional Immunization Administration Fee	90472 EP Modifier	Additional immunizations	